



Linda McCulloch, Superintendent  
Montana Office of Public Instruction  
PO Box 202501  
Helena, Montana 59620-2501  
www.opi.state.mt.us  
ATTN: Educator Licensure

## VERIFICATION OF EDUCATION EXPERIENCE

Complete this form only if applying for a Class 1 or Class 3 License. If not, please discard. This statement should be prepared and signed by the appropriate school official. The **current** appropriate administrator may sign this form based on personnel records.

If you need to send this form to more than one district or if you need additional space, please make a photocopy of this form.

**INITIAL:**      **Class 1 Teaching—**

- Three (3) years of successful teaching experience, the majority of which must have been obtained in a K-12 structure.

**Class 3 Supervisor—**

- Three (3) years of successful teaching experience as an appropriately licensed and assigned teacher.
- Five (5) years of successful experience in an accredited school setting as a fully licensed and assigned related services provider for Special Education Supervisor endorsement.

**Class 3 Administrative (Principal)—**

- Three (3) years of successful teaching experience as an appropriately licensed and assigned teacher.

**Class 3 Administrative (Superintendent)—**

- One (1) year of administrative experience as an appropriately licensed administrator (principal, assistant principal, supervisor), OR
- One (1) year of a supervised internship as superintendent.

A. \_\_\_\_\_  
(Applicant)

B. Assignment  
\_\_\_\_ teacher  
\_\_\_\_ administrator  
\_\_\_\_ school psychologist  
\_\_\_\_ school counselor  
\_\_\_\_ other \_\_\_\_\_

C. \_\_\_\_ full-time/ \_\_\_\_ part-time  
(if part-time, please explain)

D. Grades \_\_\_\_\_

E. **Dates of employment:** from (month/year) \_\_\_\_\_ to (month/year) \_\_\_\_\_.

If part-time or substitute experience, give exact number of days being verified: \_\_\_\_\_ days

School/District: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

F. I hereby affirm that this experience was:

☐

Satisfactory

☐

Unsatisfactory

If unsatisfactory, attach a letter of explanation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Present Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone